

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/553439

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3			1			
4			1			
5			1			
6			1			
7			1			
8			1			
9			1			
10			1			
11	1		1			
12			1			
13			1			
14			1			
15		3	1			
16			1			
17			1			
18	1		1			
19		1	1			
20		1	1			
21		1	1			
22		1	1			
23		1	1			
24		1	1			
25		1	1			
26		1	1			
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28			1			
29			1			
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43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	22	←		←
TOTAL CLAIMS			26			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.		↓	7	↓		↓
TOTAL DEP.		←	19	←		←
TOTAL CLAIMS			26			